



The United States Agency for International Development

Prevention, Care, Treatment and AIDS

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
FACT SHEET

WASHINGTON, DC 20523
PRESS OFFICE
<http://www.usaid.gov>
(202) 712-4320

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Contact: USAID Press Office

The United States, primarily through USAID, has provided \$1.6 billion to combat the global AIDS pandemic since 1986. Over 50 developing countries have received assistance. USAID has been a global leader in proving that where there is national leadership, public education and counseling, countries have made impressive progress in reversing severe AIDS epidemics, with new infection rates dropping by 40 to 50 percent in some countries. This paper describes the U.S. Agency for International Development's prevention, care and treatment strategy, which has been in place since 1997.

The central principle of USAID's strategy is to support programs that save the most lives. There are two important elements to this strategy: a geographic focus and a programmatic focus. Although we work in over 50 countries, we concentrate resources in 20 countries and regional programs. These countries have been selected on the basis of the severity of the epidemic, risk of rapid increase of infection and national commitment to deal aggressively with the pandemic.

USAID is now pursuing six interrelated strategies for fighting the HIV/AIDS pandemic worldwide.

Prevention: remains the cornerstone of USAID's program. Special attention is given to scaling up proven approaches, that will ultimately be incorporated into a national strategy. We can and must reach youth early with prevention messages. Almost half of all new infections in developing countries are to 15 to 24 year olds, with girls being particularly vulnerable. We target high-risk populations to change behavior through abstinence, faithfulness and the use of condoms to slow the spread of the virus. High priority is given to diagnosis and treatment of sexually transmitted infections in these groups.

We support the measured introduction and expansion of comprehensive programs to prevent mother-to-child transmission through the provision of anti-retroviral (ARVs) medications for the mother and newborn. USAID uses ARVs in our programs to reduce mother to child transmission (MTCT). USAID is introducing these programs in countries most severely affected by the pandemic and is currently supporting MTCT prevention programs in Kenya and Zambia with additional activities planned for Uganda, Malawi, Rwanda and South Africa. Finally, promotion of voluntary counseling and testing has proven to be a highly effective way of slowing transmission of HIV through sustained behavior change.

Care, treatment and support: We focus our care interventions to reach the most vulnerable

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populations, with the aim of improving the quality of life of infected individuals. Our support to people living with AIDS is focused on the prevention and treatment of AIDS-related illnesses. Tuberculosis is the leading cause of death in AIDS patients, accounting for 35 percent of all AIDS deaths in sub-Saharan Africa. Other opportunistic infections also lead to significant mortality. These infections can be treated and cured with readily available medicines. These efforts can significantly reduce suffering and prevent premature death. USAID is making significant investments in building the essential health care infrastructures that provide care and treatment services, recognizing that treatment options are continuing to evolve.

With the recent reduction in the price of ARVs, treatment options for the developing world have been expanded. USAID is finalizing the selection of a number of introductory clinical sites in Eastern and Southern Africa, which will incorporate ARV therapies into care programs. These sites will generate valuable lessons about how to safely and effectively deliver these drugs and provide a platform on which to improve the capacity of health systems and expand access to treatment. There are a number of profound challenges that must be addressed to permit the effective use of ARVs, including the fact that severe adverse reactions can occur between TB drugs and ARVs. Prior to ARV treatment, it is essential to treat active cases of TB. In addition, USAID's position is that the Global AIDS and Health Fund will be eligible to provide ARVs where health infrastructure is sufficient, and to support improvements in health delivery systems.

Orphans and vulnerable children: Our help to orphans and other vulnerable children is focused on those countries that are most severely affected and draws upon community resources to develop programs and solutions. Since 1999, USAID has expanded its efforts to more than 40 different projects in 18 countries. USAID funds numerous activities that include material support, such as food, school fees, shelter, clothing, in addition to economic strengthening activities, counseling, psychological support, and community care.

Increasing surveillance capacity to track the epidemic: USAID supports programs to monitor the status of the epidemic, measure the impact of prevention, treatment and care programs, coordinate donor and other partner activities, and use resources most effectively.

Encouraging greater financial commitments of other donor governments and multi-lateral institutions in the fight to combat the disease: USAID recognizes the need to generate additional financial and human resources from an array of sources, including the private sector, as well as multi-national initiatives, such as the Global AIDS and Health Fund. Currently, the U.S. government provides nearly 50% of international HIV/AIDS funds, which is four times the amount of the next largest donor.

Engaging national leaders and other sectors: We must enlist the active, sustained and visible support of national political leaders in mobilizing their own governments to change people's behavior and to address the pandemic. Mitigating the consequences of the HIV/AIDS pandemic requires a broad, multi-sectoral approach.

While prevention remains our primary focus, USAID has long recognized that providing care and community support can reduce the impact of the pandemic on societies and individuals, and, most importantly, will enhance and reinforce our prevention programs. Since 1987, USAID has supported organizations that provide basic care and support services to those infected and their families, including Uganda-based The AIDS Support Organization (TASO). In 1997, the Agency's revised strategy accelerated our assistance for care and support services. We now fund 25 care and treatment projects in 14 countries.

USAID's prevention-to-treatment policy is based on sound public health and development principles. This approach provides for the optimal use of the available human and financial resources and should not only have an immediate positive impact on the course of the pandemic and the people affected by it, but also should lay the groundwork for a greatly expanded, comprehensive attack on AIDS. The most important thing we can do is to save the largest number of lives with our limited resources and, as our mission dictates, relieve human suffering.
